

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52	5			
3		2		0			53				
4	1		1		1		54				
5	1		1		1		55				
6	1		1		1		56				
7	1		1		1		57				
8	1		1		1		58				
9		4		4		4	59				
10		3		3		3	60				
11		1		1		1	61				
12		1		1		1	62				
13		1		1		1	63				
14		1		1		1	64				
15		1		1		1	65				
16		1		1		1	66				
17		1		1		1	67				
18		2		2		2	68				
19		1		1		1	69				
20	1		1		1		70				
21	1		1		1		71				
22	1		1		1		72				
23	1		1		1		73				
24	1		1		1		74				
25		4		4		4	75				
26		3		3		3	76				
27		1		1		1	77				
28		1		1		1	78				
29		1		1		1	79				
30		1		1		1	80				
31		1		1		1	81				
32		1		1		1	82				
33		1		1		1	83				
34		2		2		2	84				
35		1		1		1	85				
36		1		1		1	86				
37		1		1		1	87				
38		1		1		1	88				
39		1		1		1	89				
40		1		1		1	90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		17		17		10	TOTAL IND.				
TOTAL DEP.		46		46		43	TOTAL DEP.				
TOTAL CLAIMS		63		63		53	TOTAL CLAIMS				